

CITY OF VANDALIA
APPLICATION FOR EMPLOYMENT

NOTE: AS A CONDITION OF EMPLOYMENT ALL APPLICANTS TO WHOM A CONDITIONAL OFFER OF EMPLOYMENT IS EXTENDED MUST PASS A PRE-EMPLOYMENT DRUG SCREEN (EXCLUDES MARIJUANA)

(PLEASE PRINT) Date of Application _____

Position(s) Applied For _____ Shift(s) Applied For _____

Expected Rate of pay: \$ _____ hourly \$ _____ monthly

Referral Source: Advertisement Friend Relative Employment Agency Walk In Other _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone (____) _____ Social Security Number _____

Please provide any other name(s) used in the past that would be necessary for the City to know in order to verify prior employment and/or education: _____

Are you over the age of 18? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? If yes, provide date: _____

Have you ever been employed here before? If yes, provide dates: _____

Do you have any relatives employed here? If yes, provide name: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are authorized to work in the United States? Yes No

On what date would you be available for work? _____

Are you available for work: _____ Full Time _____ Part Time _____ Special Assignment

Are you on layoff and subject to recall? Yes No

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying either with or without a reasonable accommodation? Yes No

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.)

Give name, address and telephone number of three references who are not related to you and are not previous employers:

EDUCATION

| | ELEMENTARY | HIGH | COLLEGE/ UNIVERSITY | GRADUATE PROFESSIONAL |
|---|------------|------------|------------------------|--------------------------|
| School Name | | | | |
| Years Completed (Circle) | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course of Study | | | | |
| Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities | | | | |
| Honors Received: | | | | |

State any additional information you feel may be helpful to us in considering your employment:

Summarize special skills and qualifications acquired from employment or other experience, including, but not limited to, ability to type, take shorthand, word processing, computer skills, ability to operate machinery, or any other skills or abilities related to the position for which you are applying.

EMPLOYMENT EXPERIENCE

PLEASE COMPLETE THIS APPLICATION IN FULL TO INCLUDE DATES, AND FULLY EXPLAIN REASONS FOR LEAVING. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Start with your present or last job. Include military service assignments and volunteer activities.

| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED |
|--|----------------|----|---|
| | FROM | TO | |
| ADDRESS | | | |
| PHONE | | | |
| JOB TITLE | | | |
| SUPERVISOR | | | |
| REASON FOR LEAVING (If quit or terminated, please explain) | | | Are you eligible for rehire? If not, why not? |
| | | | |
| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| PHONE | | | |
| JOB TITLE | | | |
| SUPERVISOR | | | |
| REASON FOR LEAVING (If quit or terminated, please explain) | | | Are you eligible for rehire? If not, why not? |
| | | | |
| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| PHONE | | | |
| JOB TITLE | | | |
| SUPERVISOR | | | |
| REASON FOR LEAVING (If quit or terminated, please explain) | | | Are you eligible for rehire? If not, why not? |
| | | | |
| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED |
| | FROM | TO | |
| ADDRESS | | | |
| PHONE | | | |
| JOB TITLE | | | |
| SUPERVISOR | | | |
| REASON FOR LEAVING (If quit or terminated, please explain) | | | Are you eligible for rehire? If not, why not? |
| | | | |

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation (including transgender status), ancestry, order of protection status, marital or veteran status, pregnancy, unfavorable discharge from military service, or the presence of a disability or handicap, as long as the applicant has the ability to perform the essential functions of the position either with or without a reasonable accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements or omissions on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the City and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I consent to take any physical or medical examinations, including blood and urine or other tests for drugs, requested by the City in connection with the processing of my application for employment to the extent permitted by applicable law and further agree to take any such physical or medical examinations requested by the City during my employment if I am offered and accept a job and when job-related and consistent with business necessity. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the City will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City and is exclusively the City's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City.

Applicant Signature X _____ **Date** _____

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____

Date _____

Accepted for Employment _____

Comments _____
